

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09781615
APPLICANT(S)
FILING DATE
02/04/01

CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND. DEP.	* IND. DEP.	* IND. DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51		
2		1					52		
3	1						53		
4		1					54		
5		1					55		
6	1						56		
7		1					57		
8		1					58		
9							59		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	3						TOTAL IND.		
TOTAL DEP.	5						TOTAL DEP.		
TOTAL CLAIMS	8						TOTAL CLAIMS		